Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

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Account Number : 120090000006 Phone : (305)755-9500 Fax Number : (305)714-4340

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

		67.
Email	Address;	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 25535 OLD LANDFILL RD, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ANDFILL RD, LLC			
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our recor Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000180533</u>	were filed on May 2, 2022	and assigned		
This amendment is submiπed to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC			
Enter new principal offices address, if applicable:	2481 NW 2nd Avenue	3 3 3		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33431	=		
		- 		
		UI TI		
Enter new mailing address, if applicable:	2481 NW 2nd Avenue			
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33431	 		
		Σ α		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		lorida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SWWS FL, LLC	2481 NW 2nd Avenue	■Add
		Boca Raton, FL 33431	□Remove
			□ Change
CEO	Brendon Pantano	2481 NW 2nd Avenue	≅ Add
		Boca Raton, FL 33431	□Remove
			DChange
CFO	Kristi Beaudoin	2481 NW 2nd Avenue	🗃 Add
		Boca Raton, FL 33431	□Remove
General Counsel			□Change
Secretary	Matthew Cowan	2481 NW 2nd Avenue	≅ Add
		Boca Raton, FL 33431	□Remove
			□Change
MGR	Charles Lomangino	4055 Edison Avenue	□Add
		Fort Myers, FL 33916	=Remove
			☐ Change
			
			☐ Remove
			□Change

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D. If ame	ading any other informa	uinn, enter change(s) here: (A	track additional sheets, if necessary.)
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(II an effect <u>Note:</u> II	the date inserted in this blo	be specific and cannot be prior to date	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 tuttory filing requirements, this date will not be listed as
If the record a record is filed		date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated N	lavember 14	2034	
20100	ml_	·	

Filing Fee: \$25.00

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